Name in Full — Infant —

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at D. P. Creek — Town — County Carroll

Date of death 1905 — Month January — Day 12 — Years Age 0 — Months 0 — Days 0

Sex Female — Color or Race White — Birthplace D. P. Creek Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Harry Albaugh — Father's Birthplace Freeh C. Md

Mother's Maiden Name Gertrude May Adams — Mother's Birthplace " " "

Name of person giving In formation H. Albaugh — How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary S. — How long

Immediate Prolapsed birth — How long

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician C. H. Diller

Address D. P. Creek Md

Accident or Sulcide?

Name in Full: Still Born Infant,

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hampstead — County: Carroll

Date of death 1905	Month	Day	Years	Months	Days
	Jan	30	—	—	—

Age: —

Sex: Female — Color or Race: White — Birthplace: Hampstead.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm H. Armacost — Father's Birthplace: Md

Mother's Maiden Name: Mattie Routson — Mother's Birthplace: Md

Name of person giving information: Wm H. Armacost — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Born S. — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. C. Wells M.D.

Address: Hampstead Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

Name In Full: William Augustin Arnold.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Taneytown — County: Carroll

Date of death: 1905 — Month: Jan. — Day: 4 — Years: 8 — Months: 1 — Days: 16

Sex: male — Color or Race: white — Birthplace: Taneytown, Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: George A Arnold — Father's Birthplace: Taneytown Md.

Mother's Maiden Name: Catharine Mavr — Mother's Birthplace: Adams Co

Name of person giving Information: Father — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Nephritis — How long: one year

Immediata: Exhaustion — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. N. Deiss.

Address: Taneytown, Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

1

Name in Full: Milton L. Bellison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gist — County: Carroll

Date of death 1905 — Month: 1 — Day: 27 — Years: 61 — Months: — — Days: 13

Sex: Male — Color or Race: White — Birthplace: Carroll Co.

Occupation: Black Smith — Where Residing if not at place of death: Gist

Married, Single or Widowed: Married — Name of Wife or Husband: Clarace Bellison

Father's Name: Richard Bellison — Father's Birthplace: Carroll Co.

Mother's Maiden Name: Rebecca Bellison — Mother's Birthplace: Carroll Co.

Name of person giving Imformation: Cody Bellison — How related to deceased: Son,

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 2 yrs,

Immediate: Consumption — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: No Dr. in attendance

Address: J. P. Hatt, Sec Undertaker, Hightield - Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Sallie Blocher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Hampstead	County: Carroll			
Date of death 190	Month: 5	Day: Monday	Years: 80	Months: 10	Days: 29
Sex: Female	Color or Race: White		Birthplace: York Co Pa		
Married, Single or Widowed: Married	Occupation: House work				
Name of Wife or Husband: John M. Blocher					
Father's Name: Henry Myers			Father's Birthplace: York Co Pa		
Mother's Maiden Name: Barbara Stoffey			Mother's Birthplace: Pa		
Name of person giving information: Mrs Geo Miller			How related to deceased: No Relation		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy	How long: Sudden death
Immediate: Heart Failure	How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: R. T. Richards
	Address: Hampstead Carroll Co
Accident or Suicide?	

Name in Full: Peter H. Bowman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Tannery; County: Carroll

Date of death 1905: Month: Jan; Day: 11

Age: Years: 63; Months: 9; Days: 3

Sex: Male; Color or Race: White; Birthplace: Carroll Co

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Angeline Bowman

Father's Name: Author Bowman; Father's Birthplace: Carroll Co

Mother's Maiden Name: Matilda Lorall; Mother's Birthplace: " "

Name of person giving information: Ed. Bowman; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis & Cystitis; How long: Several years

Immediate: Uremia; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. C. Woodward

Address: Westminster Md

Accident or Suicide: —

1

Stones

Name in Full

Certificate of Death

Barbara Bowser

Died at Town: Alesia County: Carroll MARYLAND

Date ~~1905~~ Month: Jan Day: 25 | Age Y.: 71 M.: — D.: — | Native of: Maryland | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife: Benjamin Bowser

Father's Name: Samuel Miller Mother's Name:

Cause of Death: Primary: Complication of diseases Immediate: & General debility — How long sick: 2 weeks Accident, Suicide, Homicide

Reported by: J H Sherman MD

Address: Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Gwendola Brewington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Sykesville — County: Carroll

Date of death: Month 1st, Day 31st, 190b — Years: 17 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md (Somerset Co)

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Not known — Father's Birthplace: Unknown

Mother's Maiden Name: " " — Mother's Birthplace: "

Name of person giving Information: " " — How related to deceased: "

CAUSES OF DEATH

1. PHYSICIAN OR CORONER

Primary: Pthisis Pulmonalis — How long: about 2 months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M.D.

Address: Springfield State Hospital, Sykesville, Carroll Co. Md.

Accident or Suicide? No.

Name in Full: Goldie Viola Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster — County: Carroll

Date of death: Month: Jan. — Day: 23 — Year: 1905

Age: Years: 5 — Months: 4 — Days: 18

Sex: Female — Color or Race: Colored — Birthplace: Westminster

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Edward Brown — Father's Birthplace: Carroll Co

Mother's Maiden Name: Rachael Bowers — Mother's Birthplace: " "

Name of person giving information: Samuel Bowers — How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lungs — How long: 3 months

Immediate: Exhaustion — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas R. Foutz

Address: Westminster, Md.

Accident or Suicide: —

PHYSICIAN OR CORONER

1

LIBRARY BUREAU A8881G

Stones

E. Lamont

Name in Full: Jacob H D Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town — Bachmans Mills; County — Carroll

Date of death 1905	Month	Day	Years	Months	Days
	Jan	11	Age	—	

Sex: Male

Color or Race: White

Birthplace: Bachmans Mills

Married, Single or Widowed: —

Occupation:

Name of Wife or Husband: —

Father's Name: Noah W. Brown

Father's Birthplace: York Co Pa

Mother's Maiden Name: Francis A. M. Wentz

Mother's Birthplace: Carroll Co Md

Name of person giving information: Noah W. Brown

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature child

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J H Sherman M.D.

Address: Manchester Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Catherine Cofenshaver

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westminster — County: Carroll

Date of death 1905 — Month: January — Day: 8 — Years: 88 — Months: 2 — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housekeeper — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Don't Know — Father's Birthplace: Don't Know

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving In formation: Jas. H. Billingslea — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age — How long: —

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. H. Billingslea

Address: Westminster Md

Accident or Suicide?

PHYSICIAN OR CORONER

154

1

Shaver

Westmoreland County

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Westminster — County: Carroll

Date of death 1905 — Month: Jan — Day: 1 — Age: Years — Months: 3 — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Walter F. Coffrey Smith — Father's Birthplace: Maryland

Mother's Maiden Name: Bell Nygrin — Mother's Birthplace: do

Name of person giving information: Walter F. Coffrey Smith — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: 3 months

Immediate: Exhaustion — How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Louis D. Wells M.D.

Address: Westminster

Accident or Suicide?

Shamu

Sem Pauli

Name in Full: Josiah Crowl

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death: 1905 Month: Jan Day: 7 Age: Years: 69 Months: 10 Days: 4

Sex: Male Color or Race: White Birthplace: Carroll Co Md

Occupation: Retired Where Residing if not at place of death:

Married, Single or Widowed: Widower Name of Wife or Husband:

Father's Name: George Crowl Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Mother's Birthplace: " " "

Name of person giving information: J. W. Crowl How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age How long: 2 weeks

Immediate: Heart Disease How long: " "

79

Are the name, age, sex, color, date and place correctly given above? No

Signature of Physician: Jas. H. Billingslea

Address: Westminster Md

Accident or Suicide?

PHYSICIAN OR CORONER

Kriegs

Name in Full: Frederick Dixon

CERTIFICATE

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Berrett; County: Carroll

Date of death: Month: Jan; Day: 3; Age: Years: 69; Months: 11; Days: 25

Sex: Male; Color or Race: white; Birthplace: Berrett

Occupation: farmer; Where Residing if not at place of death: —

Married, ~~Single or Widowed~~; Name of Wife or Husband: Mary E. Browning

Father's Name: George Dixon; Father's Birthplace: Md

Mother's Maiden Name: Elenora Grimes; Mother's Birthplace: " Md

Name of person giving information: Charles M. Dixon; How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease; How long: Two years

Immediate: Dropsy & Heart Exhaustion; How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: A T Crouse

Address: Taylorsville Md.

Accident or Suicide?

1

Name in Full

Certificate of Death

Frederick R. Ernest

Died at Town: Sykesville County: Carroll MARYLAND

Date ~~189~~ 1905 Month: Jan Day: 7 | Age Y. 38 M. D. | Native of: Germany | Occupation: Metre-maker

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband ~~Wife~~ of Annie Ernest

Father's Name: Karl Von Ernest Mother's Name: Selma Erne

Cause of Death: Primary: General Paresis 6 How long sick: about 1 yr

Immediate: Cerebral congestion ~~Accident, Suicide, Homicide~~

Reported by Chas J. Carey M.D.

Address Springfield State Hospital Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Jacob Essich

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Stoversville — County: Carroll

Date of death: 1905 — Month: Jan. — Day: 28 — Age: Years: 68 — Months: 2 — Days: 21

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Retired — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Susanna Essich

Father's Name: Adam Essich — Father's Birthplace: Germany

Mother's Maiden Name: Salona Roop — Mother's Birthplace: "

Name of person giving information: Susanna Essich — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gen. Anemia — How long: 6 months

Immediate: Exhaustion — How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm D Weller

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88818

Kridis

S Vörös

Name in Full Gersham Frounfelter

Certificate of Death

Town County

Died in Myers District, Carroll MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1905 January 29 Age 49-11-15 Carroll Co. Md Farmer

Male yes White yes Married yes Widow ~~Married~~ no

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ no Number of children living 6

Husband of

Wife

Father's Frounfelter - Dont Mother's Pitzer - Dont

Name Known Christian Name Maiden Name Known Christian Name -

Cause of Death: Primary Convulsions — How long sick About 6 or 8 hours

Immediate Convulsions — Accident, Suicide, Homicide no

Reported by E. K. Freman MD

Address Littlestown Adams Co. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Albert Laurence Garrick

CERTIFICATE OF DEATH

MARYLAND

Died at: Pleasant Hill (Town) Garrett (County)

Date of death: 1905 June (Month) 6 (Day)

Age: Years — Months 11 Days 7

Sex: Male

Color or Race: White

Birthplace: Frys Dist

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Bert Garrick

Father's Birthplace: Maryland

Mother's Maiden Name: Mary " "

Mother's Birthplace: Maryland

Name of person giving information: Bert Garrick

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congestion of Left Lung. — How long —

Immediate: Acute Uremia — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. E. Reagy M.D.

Address: Pleasant Hill.

PHYSICIAN OR CORONER

Accident or Suicide? (1)

Pleasant Hill Jan 6th 95

This is to certify Albert L. Jarvis death is due to acute mania and congestion of the left lung.

Chas A. Guay M.D.

Name in Full: William Talbot Harris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hampstead — County: Carroll

Date of death: Month: Jan. — Day: 8 — Years: — Months: 7 — Days:

Age

Sex: Male — Color or Race: White — Birthplace: Hampstead

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Eugene Harris — Father's Birthplace: Carroll Co

Mother's Maiden Name: Ellen Josephine Boylan — Mother's Birthplace: Ireland

Name of person giving Information: Eugene Harris — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchial Pneumonia — How long: Three days

Immediate: Measles — How long: Two Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. F. Richards M.D.

Address: Hampstead Carroll Co

Accident or Suicide?

1

92

Name in Full: Hattie Kisner

CERTIFICATE OF DEATH

MARYLAND

Died at: Sykesville (Town) — Carroll (County)

Date of death: 1905 — Month: 1st — Day: 2nd — Age: Years 58 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Wash. D. C.

Occupation: Seamstress — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Not known

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Mary Tate — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Melancholia — How long: Over 3 years

Immediate: Syncopa — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M.D.

Address: Springfield State Hospital, Sykesville, Carroll Co., Md.

Accident or Suicide? No.

PHYSICIAN OR CORONER

1

68

Name in Full: Wm T. Lee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) New Windsorville (County) Carroll

Date of death: 1905 (Month) Jan (Day) 27

Age: 43 (Years) (Months) (Days)

Sex: Male

Color or Race: White

Birthplace: Carroll Co.

Occupation: Steppe labor

Where Residing if not at place of death: —

Married, Single or Widowed: Single

~~Name of Wife or Husband~~

Father's Name: Thomas Lee

Father's Birthplace: Carroll Co.

Mother's Maiden Name: Sarah Stobbs

Mother's Birthplace: Carroll Co.

Name of person giving information: Jas. R. Weer

How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abscess of liver — How long: About 6 mos

Immediate: Blood poisoning — How long: About 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Stoffenger

Address: New Windsorville Md

Accident or Suicide? —

1

Name in Full: Madaline V. Lockard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sandymeile — County: Carroll

Date of death 1905 — Month: Jany — Day: 23

Age — Years: 2 — Months: 9 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: —

Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: J Walter Lockard — Father's Birthplace: Maryland

Mother's Maiden Name: Dora Holmes — Mother's Birthplace: do

Name of person giving In formation: J Walter Lockard — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia 93 — How long: Week

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. T. Hemp

Address: Westminster Md

Accident or Suicide?

1

Shawn

Pleasant Grove

Name in Full: Ellen A Merryman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hampstead; County: Carroll

Date of death: 1905; Month: 1; Day: 24; Years: 45; Months: ; Days: ;

Sex: Female; Color or Race: White; Birthplace: Westminster, Md

Occupation: ; Where Residing if not at place of death: ;

Married, ~~Single, or Widowed~~; Name of ~~Wife or~~ Husband: Geo. H. Merryman

Father's Name: ; Father's Birthplace: ;

Mother's Maiden Name: ; Mother's Birthplace: ;

Name of person giving Imformation: Bert Merryman; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phlegmonous Erysipelas; How long: 8 da

Immediate: Acute Gangrene; How long: ;

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edgar M. Bush, M.D.

Address: Hampstead, Md

Accident or Suicide? ;

PHYSICIAN OR CORONER

1

Name in Full: Catherine Musser

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Silver Run County: Carroll

Date of death 1905 Month: 1st Day: 10 Age Years: 89 Months: 1 Days: 28

Sex: Female Color or Race: White Birthplace: Gettysburg

Occupation: Where Residing if not at place of death: Silver Run

~~Married, Single,~~ or Widowed: Name of Wife or Husband: John Musser

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Jonas Fowck How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 80 How long:

Immediate: Angina Pectoris How long: 6 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. L. Marshall

Address: Silver Run, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A65016

Name in Full: Lewis. H. Myers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Warfieldsburg — County: Carroll

Date of death: 1905 — Month: Jan — Day: 31 — Age: Years 69 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Fred K. Co

Occupation: Retired — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Jessee Myers — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 24 hrs

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. T. Brooks.

Address: Marston, Md.

Accident or Suicide?

Per C. R. Foutz, M.D.

LIBRARY BUREAU A88516

Stoner

Stone Chisel

Name in Full: Conner Nee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Henryton; County: Carroll

Date of death: Month: Jany; Day: 15; 1905

Age: Years: 68; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: Rail Road Laborer

Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Yes

Name of Wife ~~or Husband~~: Mary Bridget Nee

Father's Name: Unknown

Father's Birthplace: County Galloway Ireland

Mother's Maiden Name: Unknown

Mother's Birthplace: Ireland

Name of person giving information: Mary Bridget Myers

How related to deceased: Daughter

63

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Myelitic Paraplegia — How long: 2½ years

Immediate: Failure of the Nervous System & Exhaustion — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel B. Strecher

Address: Sykesville Md

Accident ~~or Suicide~~? —

Name in Full: Charles Henry Ourler

CERTIFICATE OF DEATH

MARYLAND

Town: Mamottsville — County: Carroll

TO BE ANSWERED BY NEAREST FRIEND

Died at	Mamottsville		Carroll		
Date of death 1905	Month: January	Day: 26	Years: 75	Months: 10	Days: 23
Sex: Male		Color or Race: white		Birthplace: Balto. Co.	
Occupation: Farmer			Where Residing if not at place of death:		
~~Married, Single~~ or Widowed: Widower		Name of Wife ~~or Husband~~: Mary E. Holbrook-Deceased			
Father's Name: William Ourler				Father's Birthplace: Balto	
Mother's Maiden Name: Dorsey				Mother's Birthplace: Unknown	
Name of person giving In formation: Ezra L. Ourler				How related to deceased: Son	

13

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Complicated by Pericarditis — How long: 6 Days

Immediate: Failure of Heart — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Daniel B. Strecher

Address: Sykesville Md.

Accident or Suicide?

Name in Full: George H. Pickett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died ~~at~~ near — Town: Taylorsville — County: Carroll

Date of death 1905	Month	Day	Years	Months	Days
	1	24	Age 1	11	20

Sex: Male — Color or Race: White — Birthplace: Carroll Co.

Occupation: ——— — Where Residing if not at place of death: near Taylorsville

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Eugene Pickett — Father's Birthplace: Carroll Co.

Mother's Maiden Name: Verdie Pickett — Mother's Birthplace: Frederick Co.

Name of person giving Imformation: Eugene Pickett — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngismus stidulus — How long: three days

Immediate: Convulsions — How long: half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. T. Cronk

Address: Taylorsville Md.

Accident or Suicide?

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

Town: Bush Road | County: Cecil

Died at

Date of death: Month: Jan. | Day: 21 | 1905

Age: Years | Months | Days: 1

Sex: Female | Color or Race: White | Birthplace: Md

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name: J. Louis Reifinder | Father's Birthplace: Md

Mother's Maiden Name: Alice V. Shoemaker | Mother's Birthplace: "

Name of person giving Imformation: Father | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth | How long

Immediate: Exhaustion | How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Bonnie MD

Address: Taney town Md

Accident or Suicide?

PHYSICIAN OR CORONER

1

Name In Full

Certificate of Death

Louisa Khubottom

Town | County

Died at Sykesville Carroll MARYLAND

Date 1905 Month Jan Day 14 | Age Y. 83 M. – D. – | Native of Md. | Occupation none

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Divorced~~ | Number of children living 8.

Husband of –

Wife –

Father's Name

Mother's Name

Cause of Death { Primary Burns of entire body

Immediate Shock

How long sick

Accident, ~~Suicide, Homicide~~

Reported by W. D. Morris, MD.

Address Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Thomas N. Shipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Taylorsville — County: Carroll — MARYLAND

Date of death 1905 — Month: 1 — Day: 27 — Years: 74 — Months: 5 — Days:

Sex: Male — Color or Race: white — Birthplace: Md

Occupation: farmer — Where Residing if not at place of death: Taylorsville

Married, Single or Widowed: Married — Name of Wife or Husband: Rachel Condon

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Howard Shipley — How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physicien: —

Address: James M. Pickett

Accident or Suicide? Woodbine Md. undertaker

Name in Full: Frances Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sykesville — County: Carroll

Date of death — Month: January — Day: 14 — Years: 27 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Howard Co.

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Yes — Name of ~~Wife or~~ Husband: Wade Smith

Father's Name: John Westley Davis — Father's Birthplace: Howard Co

Mother's Maiden Name: Frances Johnson — Mother's Birthplace: Howard Co

Name of person giving In formation: John W. Hammond — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexia — Cerebritis — How long: One week

Immediate: Failure of Nervous System — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel B. Strecher

Address: Sykesville Md.

Accident or Suicide?

Name in Full: Martha Ann Virginia Snowden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death: Month: Jany; Day: 24; Years: 63; Months: 4; Days:

Sex: Female; Color or Race: Colored; Birthplace: Maryland

Occupation: House Servant; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of ~~Wife or~~ Husband: Nathan Snowden

Father's Name: Lent Knox; Father's Birthplace:

Mother's Maiden Name: Rebecca Elder; Mother's Birthplace: Maryland

Name of person giving In formation: Frances E Bell; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hypertrophy of Heart; How long:

Immediate: Apoplexy; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. R. Foutz

Address: Westminster Md.

PHYSICIAN OR CORONER

Accident or Suicide?

1

64

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Elements Chemistry

Shannon

Name in Full: William Staub Dr Gardner

Certificate of Death

Town: Harney

County: Carroll

MARYLAND

Died at Harney Carroll

Date 1905 Month J1 Day 24 | Age Y. 58 M. — D. — | Native of Maryland | Occupation Farmer

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living

~~Husband of Wife~~

~~Father's Name~~ | ~~Mother's Name~~

64

Cause of Death: Primary Apoplexy

Immediate Hemorrage

How long sick 8 Hours

~~Accident, Suicide, Homicide~~

Reported by Dr Gardner MD

Address Harney Md

1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Shultz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Taneytown — County: Carroll

Date of death 1905 — Month: Jan — Day: 14 — Years: — Months: — Days: 3

Age

Sex: Male — Color or Race: White — Birthplace: Taneytown Dist

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Unknown — Father's Birthplace

Mother's Maiden Name: Bessie Shultz — Mother's Birthplace: Md

Name of person giving Imformation: Harvey Shultz — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uremia — How long

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. E. Birnie

Address: Taneytown Md

Accident or Suicide?

1

Name in Full: Clara Mantz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pleasant Valley; County: Carroll

Date of death 1905 Month: Jan; Day: 11

Age: Years: 41; Months: 5; Days: 9

Sex: Female; Color or Race: White; Birthplace: Carroll Co

Occupation: Housekeeper; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: Robert Mantz

Father's Name: Michael J. Frock; Father's Birthplace: Carroll Co

Mother's Maiden Name: Mary Brown; Mother's Birthplace: " "

Name of person giving information: Robert Mantz; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 3 weeks

Immediate: Cardiac Syncope; How long: 1 hr

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos. J. Henig

Address: Westminster Md

~~Accident or Suicide?~~

Stover

Pleasant Valley

Name in Full

Certificate of Death

Dennis White

Town: Eldersburg | County: Carroll | MARYLAND

Died at near Eldersburg Carroll

Date 1935	Month Day	Age Y. M. D.	Native of	Occupation
	Jan. 21	77 – –	Md	none

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced —

~~Female~~ Colored Single ~~Widower~~ Number of children living —

Husband of — —

Wife

Father's Name

Mother's Name

Cause of Death: Primary Carcinoma of Rectum

Immediate

How long sick: 3 yrs.

~~Accident, Suicide, Homicide~~

41

Reported by MD Morris. M.D.

Address Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Ida Woodyard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster County: Carroll

Date of death 1905 Month: Jan Day: 12 Years: 45 Months: — Days: —

Sex: Female Color or Race: Colored Birthplace: Md.

Occupation: Housework Where Residing if not at place of death: — — — — — — —

Married, Single or Widowed: Widow Name of Wife or Husband: Andrew Woodyard died

Father's Name: Ephraim Ridgely Father's Birthplace: Md.

Mother's Maiden Name: Susan Lewis Mother's Birthplace: Md.

Name of person giving information: Joseph Milroe How related to deceased: Not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease How long: several years

Immediate: Cardiac Syncope How long: 1/2 hour.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. R. Foutz

Address: Westminster Maryland

Accident or Suicide?

PHYSICIAN OR CORONER

19

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Stower

Name in Full: Albert Woolery

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Westminster (County): Carroll

Date of death 1905 (Month): Jany (Day): 17

Age (Years): 2 (Months): — (Days): —

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: James H Woolery

Father's Birthplace: Maryland

Mother's Maiden Name: Ella Mobley

Mother's Birthplace: Md

Name of person giving information: James H Woolery

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Genuine Burns

How long: 8 hrs

Immediate: Shock

How long: 8 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dan Driller

Address: Westminster Md

Accident or Suicide?

147

LIBRARY BUREAU A68816

Amen

Name in Full: Gladys May Woolery

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westminster — County: Carroll

Date of death 190[illegible] — Month: Jany — Day: 17 — Years: 3 — Months: 6 — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: James H Woolery — Father's Birthplace: Maryland

Mother's Maiden Name: Ella Mobley — Mother's Birthplace: do

Name of person giving information: James H Woolery — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Dysentery — How long: 2 hrs

Immediate: Shock — How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dee D Wells

Address: Westminster Md

Accident or Suicide?

PHYSICIAN OR CORONER

1

Shaver

Name in Full

Certificate of Death

Susan Zeff

Died at Town: Manchester County: Carroll MARYLAND

Date 1905 Month: Jan Day: 26 | Age Y.: 83 M.: 1 D.: 28 | Native of: Maryland | Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife: Wm L Zeff

Father's Name: Jacob Sherman Mother's Name: Elizabeth Bear

154

Cause of Death — Primary: Complication of Diseases — How long sick: 2 months

Immediate: General Debility — Accident, Suicide, Homicide

Reported by: J H Sherman M.D.

Address: Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Adam Zimmerman

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Westminster

County: Carroll

Date of death: 1905 Month: Jan Day: 24

Age: Years 85 Months 7 Days 6

Sex: Male

Color or Race: White

Birthplace: Carroll Co

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Widower

Name of Wife or Husband:

Father's Name: Don't Know

Father's Birthplace: Don't Know

Mother's Maiden Name: " "

Mother's Birthplace: " "

Name of person giving information: A. Hahn

How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age

How long: 6 months

Immediate: Heart.

How long: 8 days

154

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo S. Mathias

Address: Westminster Md.

Accident or Suicide?

PHYSICIAN OR CORONER

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Thomas

Conway